

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1		1			
12		1		1		
13		1		1		
14	1		1			
15	1		1			
16	1		1			
17	4				1	
18		1		1		
19		1		1		
20		1		1		
21	4		4			
22	4		4			
23	1		1			
24	1		1			
25	1		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
31	8		8			
32	12		12			
33	12		12			
34	6		6			
35	12		12			
36	1					
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48		1				
49		1				
50		1				
TOTAL IND.	3					
TOTAL DEP.	73					
TOTAL CLAIMS	76					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	2					
52	1					
53	2					
54	2					
55	2					
56	2					
57	2					
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	104					
TOTAL CLAIMS	104					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS